METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Renal Dialysis Facilities

Payment is made at the Medicare allowable facility rate. This rate includes all services which Medicare has established as an integral part of the dialysis procedure.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Certified Registered Nurse Anesthetists

Payment is made to Certified Registered Nurse Anesthetists at a rate of 80 per cent of the allowable for physicians for anesthesia services.

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7-22-87
4-1-87
87-7

New 04-01-87

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Supercedes
TN# new

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Physician Assistants

Payment is made to Physician Assistants at 10.4 percent of the surgery allowable for physicians when service is assisting a surgeon at surgery.

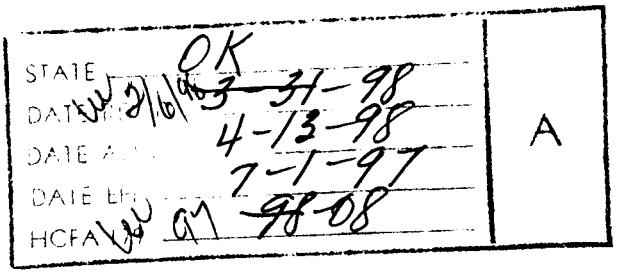
Office visits, hospital visits, nursing facility visits, home visits and all other services which represent time spent with the patient are reimbursed at 75 percent of the physician allowable.

Services listed below are reimbursed at 100 percent of the current Medicaid allowable:

(1) Services which represent a cost to the provider, such as administration of injections, laboratory procedures, and radiology.

(2) EPSDT screenings

(3) Authorized examinations for determination of disability.



METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Case Management Services For The Chronically/Severely Mentally Ill

Payment rates are established using a relative value unit (RVU) fee schedule. A monetary conversion factor (CF) will be used to determine the overall level of payment to providers for each service. The conversion factor is based on 1996 utilization and payment data (baseline). The formula for calculating the rate for each service is as follows:

RVU x CF = Rate

The conversion factor used to calculate the rates for services furnished to adults in public mental health facilities (and for providers who contract with the State mental health agency) is cost related, to ensure the financial solvency of these facilities who provide a broad array of mental health services, and are mandated by the State to bear responsibility for indigent mental health services.

The conversion factor used to calculate the rates for services to all children and for adults in private facilities is baseline adjusted, in order to result in payment rates that are comparable to those paid to private physicians and/or other non-physician practitioners, for mental health services covered elsewhere under the State Plan.

The conversion factor for all children and for adults in private facilities may be adjusted during the fiscal year to produce total payments under the fee schedule that are the same as 1996 expenditure levels based on the cost based methodology.

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DATE SEP 30 1996
DATE NOV 07 1996
DATE AUG 12 1996
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State OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Case Management Services for the Chronically/Severely Mentally Ill

Payment rates are established using a relative value unit (RVU) fee schedule. A monetary conversion factor (CF) will be used to determine the overall level of payment to providers for each service. The conversion factor is based on 1996 utilization and payment data (baseline). The formula for calculating the rate for each service is as follows:

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The conversion factor used to calculate the rates for services furnished to adults in public mental health facilities (and for providers who contract with the State mental health agency) is cost related, to ensure the financial solvency of these facilities who provide a broad array of mental health services, and are mandated by the State to bear responsibility for indigent mental health services.

The conversion factor used to calculate the rates for services to all children and for adults in private facilities is baseline adjusted, in order to result in payment rates that are comparable to those paid to private physicians and/or other non-physician practitioners, for mental health services covered elsewhere under the State Plan.

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State OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Case Management Services for Persons Under Age 21 Who are in Imminent Risk of Out-of-home Placement for Psychiatric or Substance Abuse Reasons or are in Out-of-home Placement Due to Psychiatric or Substance Abuse Reasons.

Payment rates are established using a relative value unit (RVU) fee schedule. A monetary conversion factor (CF) will be used to determine the overall level of payment to providers for each service. The conversion factor is based on 1996 utilization and payment data (baseline). The formula for calculating the rate for each service is as follows:

RVU x CF = Rate

The conversion factor used to calculate the rates for services furnished to adults in public mental health facilities (and for providers who contract with the State mental health agency) is cost related, to ensure the financial solvency of these facilities who provide a broad array of mental health services, and are mandated by the State to bear responsibility for indigent mental health services.

The conversion factor used to calculate the rates for services to all children and for adults in private facilities is baseline adjusted, in order to result in payment rates that are comparable to those paid to private physicians and/or other non-physician practitioners, for mental health services covered elsewhere under the State Plan.

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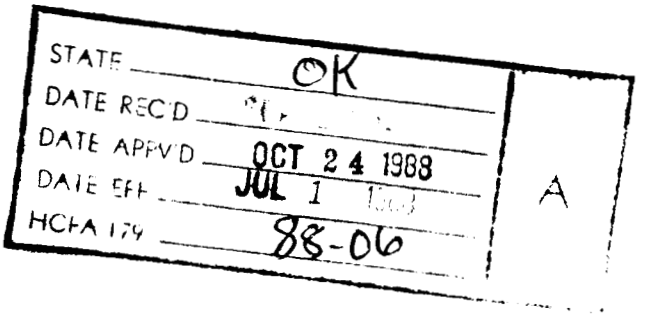
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

1. Maternity Clinic Services - Clinic

Payment will be made at a rate established by DHS for each unit of service described in Attachment 3.1-A, page 4a-1.4 and 4a-1.5; and Attachment 3.1-B, page 4a-1 based on an analysis of component factors and allowable charges for those components. The payments will not exceed the total allowable amount for comparable services under comparable circumstances under Medicare in the aggregate. Payment rates will take into consideration the prevailing rates for same and similar services in the community.



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

STATE OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Item _____. Payment of Title XVIII Part A and Part B Deductible/Coinsurance

Except for a nominal recipient co-payment, if applicable, the Medicaid agency uses the following method:

		Medicare-Medicaid Individual		Medicare-Medicaid/QMB Individual		Medicare-QMB Individual	
	Part A Deductible	___	limited to State plan rates*	___	limited to State plan rates*	___	limited to State plan rates*
		X	full amount	X	full amount	X	full amount
	Part A Coinsurance	___	limited to State plan rates*	___	limited to State plan rates*	___	limited to State plan rates*
		X	full amount	X	full amount	X	full amount
**	Part B Deductible	X	limited to State plan rates*	X	limited to State plan rates*	X	limited to State plan rates*
		___	full amount	___	full amount	___	full amount
**	Part B Coinsurance	X	limited to State plan rates*	X	limited to State plan rates*	X	limited to State plan rates*
		___	full amount	___	full amount	___	full amount

** Refer to Attachment 4.19-B, Page 14 for payment rates for deductible and co-insurance, Part B.

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*For those title XVIII services not otherwise covered by the title XIX State plan, the Medicaid agency has established reimbursement methodologies that are described in Attachment 4.19-B, Item(s) _____.

New 01-01-89

TN No. 89-2
Supersedes TN No. NEW
Approval Date 9/19/89
Effective Date 1/1/89

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - PEDIATRIC SERVICES

Maximum Medicaid Payment Rates for Listed Practitioner Pediatric Services

Procedure Code	Procedure Description	Maximum Payment
99201	Office or other outpatient visit for the evaluation and management of a new patient which requires these three key components: a problem focused history; a problem focused examination; and straight-forward medical decision making.	17.75
99202	Office or other outpatient visit for the evaluation and management of a new patient which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making.	28.33
99203	Office or other outpatient visit for the evaluation and management of a new patient which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity.	34.97
99204	Office or other outpatient visit for the evaluation and management of a new patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.	55.68
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician.	9.21

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - PEDIATRIC SERVICES

99212	Office or other outpatient visit for the evaluation and management of an established patient which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making.	14.46
99213	Office or other outpatient visit for the evaluation and management of an established patient which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity.	20.91
99214	Office or other outpatient visit for the evaluation and management of an established patient which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity.	30.70
99431	History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records. (This code should also be used for birthing room deliveries.)	68.20
99281	Emergency department visit for the evaluation and management of a patient which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making.	17.37

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